

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BL.

2008 MAY 16 AM 9:01

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Goemast for Sheriff

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Ron Goemast

Political Party (if applicable)

Rep.

Office Sought

Co. Sheriff

District (if Senate or House)

**FORM  
DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Dorothy DeLoria  
**SIGNATURE OF PERSON FILING REPORT**

641-628-1173  
**TELEPHONE**

5-14-08  
**DATE SIGNED**

I AM FILING A May 19, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

June 3, 2008  
County & Local Committees, enter County in  
which Election is held  
Marion

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ - 0 -

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2445.-

Schedule F: Loans Received total (Attach Schedule F)

1900.-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

- 0 -

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ 4345.-

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2379.48

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 1965.52

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ - 0 -

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 75.-

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ 1900.-

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ - 0 -

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Goemaat for Sheriff

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
4/13/08	ID# CK#	Ron Wauters 1033 210th Place Pella, Ia 50219		\$ 100.-	<input checked="" type="checkbox"/>
4/21/08	ID# CK#	Pat Roozeboom 2307 E Pleasant Knoxville, Ia. 50138		100.-	<input checked="" type="checkbox"/>
4/21/08	ID# CK#	Margaret Van Vark 2602 Fifield Rd, Apt. 113 Pella, Ia. 50219		25.-	<input checked="" type="checkbox"/>
4/22/08	ID# CK#	Bob Edwards 1409 W. Howard Knoxville, Ia 50138		25.-	<input checked="" type="checkbox"/>
4/26/08	ID# CK#	Alvin Goemaat 104 Lincoln Pella, Ia. 50219	Cousin	25.-	<input checked="" type="checkbox"/>
4/22/08	ID# CK#	Steve Everly 974 146th Ave Knoxville, Ia 50138		50.-	<input checked="" type="checkbox"/>
4/23/08	ID# CK#	Dewey Veenstra 1108 Bruce Lane Pella, Ia. 50219		50.-	<input checked="" type="checkbox"/>
4/23/08	ID# CK#	Howard Pathoven 805 Park Lane Pella, Ia. 50219		50.-	<input checked="" type="checkbox"/>
4/23/08	ID# CK#	Glen Van Roekel 2216 Boshanden Dr. #1 Pella, Ia. 50219		50.-	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	John Veenstra 1204 W. 3rd Pella, Ia. 50219		100.-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 575.-

TOTAL (if last page of this schedule)

\$

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Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gae mat for Sheriff

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4/25/08	ID# CK#	Ned Hedrick 1114 1/2 Houston Ave Pella, Ia 50219		\$ 30.-	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	K. C. Valster 1928 Goldenrod Dr. Pella, Ia. 50219		50.-	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	Dwight Johnston 106 E. Washington Knoxville, Ia. 50138		50.-	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	Ron Davis 817 Rutledge St. Knoxville, Ia 50138		10.-	<input checked="" type="checkbox"/>
4/26/08	ID# CK#	John Kemerick 1012 E. Compentine Apt. 202 Knoxville, Ia. 50138		50.-	<input checked="" type="checkbox"/>
4/26/08	ID# CK#	Robert Smith 2315 Drenthe Laan Pella, Ia. 50219		100.-	<input checked="" type="checkbox"/>
4/26/08	ID# CK#	Alb Stursma 906 Hazel Apt. 108 Pella, Ia. 50219		25.-	<input checked="" type="checkbox"/>
4/26/08	ID# CK#	Dan Fall 1705 W. Grandview Knoxville, Ia. 50138		50.-	<input checked="" type="checkbox"/>
4/11/08	ID# CK#	Rick Savery 505 Washington Pella, Ia. 50219		40.-	<input type="checkbox"/>
4/3/08	ID# CK#	Bill Peters 1109 Big Rock Park Rd. Pella, Ia. 50219		200.-	<input type="checkbox"/>
SUB-TOTAL				\$ 605.-	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Goemaat for Sheriff

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4/26/08	ID# CK#	Roger Shinn P.O. Box 382 Knoxville, Ia. 50138		\$ 300.-	<input checked="" type="checkbox"/>
5/1/08	ID# CK#	Harry Verhoef 2392 Illinois St Pella, Ia. 50219		100.-	<input checked="" type="checkbox"/>
5/1/08	ID# CK#	Glenn Brown 1675 Story Drive Knoxville, Ia 50138		25.-	<input checked="" type="checkbox"/>
5/2/08	ID# CK#	Alan Roorda 689 218th Place Pella, Ia. 50219		25.-	<input checked="" type="checkbox"/>
5/2/08	ID# CK#	Murray Goemaat 2102 Idaho Drive Pella, Ia 50219	Uncle	40.-	<input checked="" type="checkbox"/>
5/3/08	ID# CK#	Sidney DeHaan 217 W. 1st Pella, Ia. 50219		50.-	<input checked="" type="checkbox"/>
5/3/08	ID# CK#	Duane Dingeman 906 Hazel #107 Pella, Ia. 50219		50.-	<input checked="" type="checkbox"/>
5/3/08	ID# CK#	Henry Bokhoven 915 E. 1st Pella, Ia. 50219		100.-	<input checked="" type="checkbox"/>
5/3/08	ID# CK#	Paul Vander Streek 2283 Jesup Dr. Pella, Ia. 50219		25.-	<input checked="" type="checkbox"/>
5/7/08	ID# CK#	Stan Poortinga 811 190th Ave Pella, Ia. 50219		200.-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 915.-	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Goemaat For Sheriff

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
5/8/08	ID# CK#	Michael Verwers 115 W. D St Dallas, Ia. 50062		\$ 100.-	<input checked="" type="checkbox"/>
5/9/08	ID# CK#	Robert Graves 705 E Madison Knoxville, Ia 50138		50.-	<input checked="" type="checkbox"/>
5/9/08	ID# CK#	Robert Van Waardhuizen 1517 Westwood Drive Pella, Ia 50219		100.-	<input checked="" type="checkbox"/>
4/10/08	ID# CK#	Mel Vander Wiel 1915 Washington Pella, Ia. 50219		100.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 350.-	
TOTAL (if last page of this schedule)				\$ 2445.-	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
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☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Goemaat for Sheriff

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/9/08	ID# CK#	Community 1st Credit Union 500 Main Pella, Ia. 50219	printing checks	\$ 15.25
4/11/08	ID# CK# 100	Capital Promotions P.O. Box 231 Glenside, Pa. 19038	small yard signs	1047.93
4/16/08	ID# CK# 101	Marion County Auditor 214 E Main Knoxville, Ia 50219	printing labels for mailing	14.-
4/16/08	ID# CK# 102	Capital Promotions P.O. Box 231 Glenside, Pa. 19038	large yard signs	671.-
4/24/08	ID# CK# 1001	Eric Goemaat 1381 250th Ave heighton, Ia. 50143	Reimbursement for postage	93.80
4/30/08	ID# CK# 1002	Pella Chronicle 812 Main Pella, Ia 50219	advertising	350.-
4/30/08	ID# CK# 1003	Town Crier 810 E. 1st Pella, Ia 50219	advertising	59.-
4/30/08	ID# CK# 1004	Marion County News 901 N. Bus. Hwy. 5 Pleasantville, Ia 50225	advertising	70.-
SUB-TOTAL				\$ 2320.98
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Goemaat for Sheriff

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/8/08	ID# CK# 1006	Town Cries 810 E. 1st Pella, Ia. 50219	Advertising	\$ 34.50
5/8/08	ID# CK# 1005	Marion County News 901 N. Bus. Hwy 5 Pleasantville, Ia. 50225	Advertising	24.-
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 58.50
TOTAL (if last page of this schedule)				\$ 2379.48

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Goemaat for Sheriff

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4/11/08	Designer Images Photography 626 Franklin Pella, Ia 50219		Photos	\$ 75.-	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

75.-

TOTAL (if last  
page of this  
schedule)

\$

75.-

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)



COMMITTEE NAME (Must be same as on Statement of Organization)

Goemaat for Sheriff

F  
(Rev. 02/08)

LOANS  
RECEIVED  
& REPAYED

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

☐ CHECK THIS BOX IF  
AMENDING FORM

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
4/11/08	Ron Goemaat 1425 250 <sup>th</sup> Ave Leighton, Ia. 50143	Candidate	\$ 1400. —
4/16/08	Ron Goemaat 1425 250 <sup>th</sup> Ave Leighton, Ia. 50143	Candidate	\$ 500. —

TOTAL (PART I) \$ 1900. —

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ —

From Schedule E - TOTAL LOANS FORGIVEN \$ —

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1900. —

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Page 1 of 1  
(for Schedule F)